

# **PART B – FEE(S) TRANSMITTAL**

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23494 7590 1/12/2006

**William B Kempler  
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<b>Connie Scourten</b>	(Depositor's name)
<b>/Connie Scourten/</b>	
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/696,018	10/29/2003	SATORU ADACHI	TIJ-35055	7078

**TITLE OF INVENTION: SOLID-STATE IMAGE SENSING DEVICE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,400	\$300	\$1,700	10/23/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
INGHAM, JOHN C	2814	257-462000

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b></p>	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**TEXAS INSTRUMENTS INCORPORATED**

PO BOX 655474, M/S 3999  
DALLAS, TX 75265

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

<p>4a. The following fee(s) are enclosed:</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)</p> <p><input type="checkbox"/> Advance Order - # of Copies _____</p>	<p>4b. Payment of Fee(s):</p> <p><input type="checkbox"/> A check in the amount of the fee(s) is enclosed</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number <b>20-0668</b> (enclose an extra copy of this form).</p>
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<p>5. <b>Change in Entity Status</b> (from status indicated below)</p> <p><input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.</p>	<p><input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).</p>
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Authorized Signature **/William B Kempler/**

Date \_\_\_\_\_

Typed or printed name **William B Kempler**

Registration No. **28,228**

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